

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2984

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution 414 Kentucky
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all life years, months or days

3. (a) PRINT FULL NAME

John Earl Beasley
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased July 19 1892 (Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Cartersville Mo. (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Claude Beasley

13. Birthplace Sarcosie Mo. (City, town, or county) (State or foreign country)

14. Maiden name Maggie Dweeney

15. Birthplace Perm (City, town, or county) (State or foreign country)

16. (a) Informant Maggie Beasley

(b) Address Joplin, Mo.

17. (a) Buried (b) Date thereof 1-29-41 (Month) (Day) (Year)

(c) Place: burial or cremation Sarcosie, Mo.

18. (a) Signature of funeral director Samuel Dillon Mortuary

(b) Address Joplin, Mo.

19. (a) 1-28-41 (b) Ed J. Jernan (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 414 Kentucky (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25 year 1941 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1941, to Jan 25 1941, that I last saw him alive on Jan 1 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Pulmal disease

Due to morphium

Due to 1718

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 372

While at work? (Specify type of place) (e) Means of injury _____

23. Signature A. L. Clagard (M. D. or other) D.

Address 804 Third St Date signed 1-27-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER

41-2-146

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Don Tetrick

Licensed Embalmer No.

4008

P. O. Address.....

Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.